

215045401
67464

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 071	Agency Case No. B5-103013	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1				
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11/04/2015		(In Military Time) S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY Amended 11/06/2015				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	POLICE NOTIFIED 0245							
B 59	CITY Lincoln	STREET/HIGHWAY NO. 26/Q-R		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE					
C 4	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. 26/Q-R		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LONGITUDE					
D 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.						
E 1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
		96.00		X		Q ST				
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
F 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
		1								
VEHICLE NO. 1										
F 1	DRIVER LICENSE NO.	NONE		STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE				
V1/N 1	DRIVER	JULIO A LOPEZ		PHONE	5073501106					
V2/N 1	DRIVER ADDRESS	645 N 26TH, LINCOLN, NE 68503		DATE OF BIRTH (MM / DD / YYYY)	12/16/1984					
G 2	OWNER	HERMES GOMEZ (09-15-1969)		PHONE	4024176093					
H 5	OWNER ADDRESS	4401 S 27TH #H9, LINCOLN, NE 68512		CITATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO. LB483087				
I 4	LICENSE PLATE PA NO.	TMK887		YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V1/O 4	VEHICLE	2000	Honda	MODEL	PEL	BODY STYLE Medium/large u				
V2/O 4	VEHICLE ID No. (VIN)	4S6DM58W7Y4405873		COLOR	silver / chrome					
				ESTIMATED DAMAGE	<input checked="" type="checkbox"/> TOTALED \$					
				INSURANCE COMPANY	ALLSTAR INSURANCE					
				TOWED TO	101 CHARLESTON					
				TOWED BY	CAPITAL TOWING					
				POLICY NO.	274592662					
VEHICLE NO. 2										
I 7	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
V1/P 8	DRIVER	LEGALLY PARKED UNOCCUPIED		PHONE						
V2/P 8	DRIVER ADDRESS			DATE OF BIRTH (MM / DD / YYYY)						
J 12	OWNER	CONG BI (08-30-1988)		PHONE	4026170449					
K 01	OWNER ADDRESS	2608 Q #1, LINCOLN, NE 68503		CITATION	<input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO	CITATION NO.				
V1/Q 1	LICENSE PLATE PA NO.	TGU506		YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V2/Q 1	VEHICLE	2009	Ford	MODEL	FSE	BODY STYLE 4 door Sedan				
				COLOR	red					
				ESTIMATED DAMAGE	<input checked="" type="checkbox"/> TOTALED \$					
				INSURANCE COMPANY	PROGRESSIVE					
				TOWED TO	101 CHARLESTON					
				TOWED BY	CAPITAL TOWING					
				POLICY NO.	901436137					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)						
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)						
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-103013



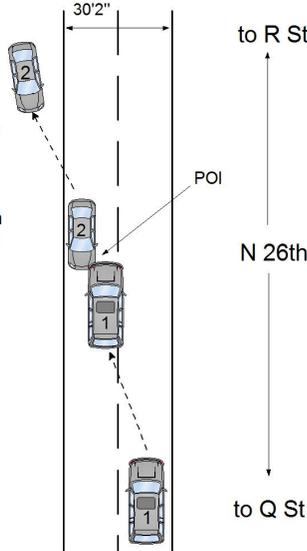
Indicate North by Arrow



Not To Scale

POI
5'5" E of W curb of N 26th
96'3" N of N curb of Q St

V2 Point Of Rest
5'7" W of W curb of N 26th
154'9" N of N curb of Q St



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh 1 was travelling NB on N 26th, Q-R, when it struck Veh 2 which was legally parked and unoccupied along the West curb of N 26th. Ofc discovered the accident and neither vehicle was occupied, so the exact time of the accident is unknown. The force of the collision caused Veh 2 to be moved approx 58 feet to the North from the point of impact. During the investigation, Julio Lopez was determined to be the driver of Veh 1. Julio stated he was travelling NB on 26th at approx. 30-35mph. He stated he had not been drinking alcohol but that he was tired and that he was having trouble seeing due to having pink eye. Julio stated he left the scene of the accident because he was scared. Julio was cited and released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION VEH NO. N S E W ROAD OR HIGHWAY NAME 1 X N 26TH 2 X N 26TH		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) VEHICLE 1 VEHICLE 2 POINT OF IMPACT 08 POINT OF IMPACT 08 MOST DAMAGED AREA 08 MOST DAMAGED AREA 08		AIRBAG DEPLOYED VEHICLE 1 1 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		RESTRAINT USE VEHICLE 1 2 2 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		TOTAL OCCUPANTS VEH 1 2 VEH 2 0 ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian ALCOHOL LEVEL TESTED Y Y Y N X N X N BAC LEVEL ALCOHOL/ DRUGS SUSPECTED Driver No. 1 Driver No. 2 5 5 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	
OFFICER NO. 1648 INVESTIGATOR NAME (Print or Type) Paul Luce		TROOP/TEAM/BEAT NW DEPARTMENT Lincoln Police Department		PHOTOGRAPHS taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF REPORT 11/06/2015			